



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1053958

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3895
Name: Bobcat Oilfield Services, Inc.
Address 1: 30805 COLD WATER RD
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 8108
Contact Person: Bob Eberhart
Phone: (913) 285-0873
CONTRACTOR: License # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Wellsite Geologist: N/A
Purchaser: High Sierra Crude Oil

Designate Type of Completion:

- ☒ New Well ☐ Re-Entry ☐ Workover
- ☒ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth: _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

3/1/2011 3/2/2011 4/18/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24239-00-00

Spot Description: _____
NE SE SE SE Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West
503 Feet from ☐ North / ☒ South Line of Section
189 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Linn
Lease Name: Harvey Well #: F-8
Field Name: LaCygne-Cadmus

Producing Formation: Peru
Elevation: Ground: 913 Kelly Bushing: 0
Total Depth: 345 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 337
feet depth to: 0 w/ 50 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- ☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 04/21/2011



1053958

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: F-8
 Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West County: Linn

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Top</td> <td style="width: 33%;">Datum</td> </tr> <tr> <td>Peru</td> <td>280</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	280	GL
Name	Top	Datum					
Peru	280	GL					

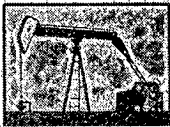
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface casing	8.75	6.25	8	20	Portland	5	
Production casing	5.625	2.875	6	337	Portland/Fly Ash	50	60/40 Poz Mix

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	279-287	Acid 500 gal 7.5% HCL	
3	290-300		
3	302-311		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991

Lease :	HARVEY
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run

Well #: F-8
Location: NE,SE,SE,SE,SS,T20,R23E
County: LINN
FSL: 495' 503
FEL: 465 189
API#: 15-107-24239-00-00
Started: 3-1-11
Completed: 3-2-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	280			OIL SAND (SOME SHALE) (GOOD BLEED)	284
1	281		2		
2	282		1.5		
3	283		2		
4	284		1.5		
5	285		1.5	OIL SAND (SHALEY) (GOOD BLEED)	287.5
6	286		2		
7	287		1.5		
8	288		2		
9	289		2		
10	290		2	SANDY SHALE (SOME OIL SAND STREAK) (POOR BLEED)	291
11	291		2		
12	292		2	OIL SAND (VERY SHALEY) (FAIR BLEED)	292.5
13	293		2	OIL SAND (GOOD BLEED)	294.5
14	294		2		
15	295		2	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	295.5
16	296		2		
17	297		2	OIL SAND (SHALEY) (GOOD BLEED)	298.5
18	298		2		
19	299		2	OIL SAND (VERY SHALEY) (FAIR BLEED)	299.5
20	300		2	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	

Avery LumberP.O. BOX 66
MOUND CITY, KS 66056
(913) 795-2210 FAX (913) 795-2194

Merchant Copy

INVOICETHIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1

Invoice: 10028733

Special :

Time: 12:23:04

Instructions :

Ship Date: 03/02/11

Sole rep #: MAVERY MIKE

Acct rep code:

Invoice Date: 03/04/11

Due Date: 04/05/11

Sold To: BOBCAT OILFIELD SRVC, INC

Ship To: BOBCAT OILFIELD SRVC, INC

C/O BOB EBERHART

(913) 837-2823

30805 COLDWATER RD

LOUISBURG, KS 66053

(913) 837-2823

Customer #: 3570021

Customer PO:

Order By: TERRY

STH
T 28

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2237.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00
<p>913-837-4159</p> <p>Harvey F-8 3-2</p> <p>PORTLAND GOING UP APRIL 1ST</p> <p>PRICE WILL BE \$8.29 A BAG</p> <p>FLY ASH WILL STAY SAME</p> <p>MAVERY AVERY</p>								
<p>FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____</p> <p>SHIP VIA LINN COUNTY</p> <p>RECEIVED COMPLETE AND IN GOOD CONDITION</p> <p>X</p>						<p>Sales total \$3699.20</p> <p>Taxable 3699.20</p> <p>Non-taxable 0.00</p> <p>Sales tax 233.05</p> <p>Tax # _____</p>		
TOTAL								\$3932.25

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